MISCELLANEOUS DEDUCTION CHANGE REPORT

STD. 650 (REV. 5-90) FMC DOCUMENT NUMBER

(1)	

TO: STATE CONTROLLER—PPSD/PAYROLL SERVICES

(2)		(3)				(4)							
SOCIAL SE	CURITY NUMBER		NAMI	Ē		AGENCY	UNIT	CLASSIFICATION	SERIAL				
(5) DEDUCTION	(6)	(7)	(8)	CHANGE T	YPE	(9) PAY F	PERIOD	(10) NUMBER OF TIMES DEDUCTION IS TO BE TAKEN					
CODE	ORGANIZATION CODE	DEDUCTION AMOUNT	NEW	DELETE	CHANGE	MONTH	YEAR	(IF APPLI					
		į											

REMARKS

FORM COMPLETED BY	TELEPHONE NUMBER	Payroll information certified in accordance with Board of Control Rule 660.	
(Agency Name)		AUTHORIZED SIGNATURE	DATE SIGNED
FROM:			

FOR		DOC.		DE			ORG.					UCTIOUN"			YPE CHANGE	PMT. TYPE		IOD		PEF	AY RIOD			MBER OF ED.		AGEN	СҮ				012,			
CONTROLLER'S		TYPE					ODE				LLA			ENTS			MONT				1	YR				REFIX				Ė	NUM			_
USE ONLY	1	2 3	3 1	8 1	9 20	21	22	23	24	25	26	27 2	8 2	29 30	31	32	33 3	4 35	36	37	38	39 4	40 4	41 4:	2 43	3 44	45	46	47	48	49	50	51	52
		50		1	1					١	1	ı	1	1				ĺ			l	,	1	1		ı	1 1	١				ı		
		50		ı	1					ı	1	1		-				1					1				l 1		1		1			